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28795 7599 03/02/2011

MORRISON & FOERSTER LLP
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| | |
|-----------------|--------------------|
| Chris Hammond | (Depositor's name) |
| /Chris Hammond/ | (Signature) |
| June 2, 2011 | (Date) |

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|-----------------|-------------|---------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAME/INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|---------------------|---------------------|------------------|

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|------------|------------|---------------------|--------------|------|
| 10/536,209 | 11/08/2007 | Jeffrey L. Southard | 560252000700 | 2819 |
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TITLE OF INVENTION: CONTROLLED RELEASE COPolymer COMPOSITION FOR CARDIOVASCULAR AND RENAL INDICATIONS

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|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 06/02/2011 |

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| EXAMINER | ART UNIT | CLASS/SUBCLASS |
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| LJ. RUIXIANG | 1646 | 424-198109 |
|--------------|------|------------|

| | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) | 2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents, OR, alternatively, (2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12.2) attached. | <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required. |
| 1. Schwegman, Lundberg & Woessner, P.A. | |
| 2. <input type="checkbox"/> 3. | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VasoGenix Pharmaceuticals, Inc. Lenexa, Kansas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|---|---|
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Authorized Signature: *Karen Himmel Ohlfest* Date: June 1, 2011

Typed or printed name: Karen Himmel Ohlfest Registration No. 58,663

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